RIDE Comprehensive Early Childhood Education Program Initial Program Application



Date of Application					EDUCATION PROGRAM		
Program Information (Please print)					CNTOFEN		
Name							
Location (Street, City, State and Zip Code)							
Mailing Address (if different from above)							
Phone Number			Fax Number (Optional)				
Email Address (required)		W	ho is responsib	ole for checkin	g this email?		
General Operations							
How many physical preschool classrooms are	you seeking	approval for i	n your program	1?			
How many groups of children do these classro	ooms serve (s	submit one <i>Cl</i>	assroom Plan f	or each group)?		
How many kindergarten classrooms are you s	eeking appro	val for in your	program?				
Ages of Children (check all that apply)	□ 3's	□ 4's	□ 5's		Kindergarten		
What days of the week is the program open?	☐ Mon	☐ Tues	□ Wed	☐ Thurs	□ Fri		
Program Hours of Operation	Opening Time		Closing Time _				
Program Length ☐ School Year		Year Round					
What other age groups does your program se	rve (check all	that apply)?					
☐ Infants, # of classrooms	Toddlers, # o	of classrooms		☐ School A	age		
☐ Other, please describe:							

Please describe your enrollment policies for your preschool and kindergarten children. Be sure to include your plan for verifying children's starting age (birth certificates, children's physical forms, etc.).

Program Assurances

Sign and date each assurance, indicating your willingness to abide by these regulations at all times.



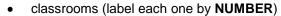
(program name) hereby provides the following assurances:				
Our program will be accessible for children and a including the American with Disabilities Act (ADA	adults with disabilities in accordance with disabilities requirements 4).			
Authorized Signature	Date			
_	d in all RIDE Approved classrooms: 3, 4 and 5 year olds: 1:9 ratio with a Kindergarten children: 1:12 ratio with a maximum of 24 children per			
Authorized Signature	Date			
Our program will notify RIDE of any staff change Approved classrooms within 48 hours.	es (educator coordinator, teachers or teacher assistants) in RIDE			
Authorized Signature	Date			
All consultants employed by this program will me professional persons whose practice is regulated	eet the minimum professional standards in their particular fields, and d by state law will meet state requirements.			
Authorized Signature	Date			
Liability insurance for school personnel, children times.	, transportation services and physical plant will be kept up to date at all			
Authorized Signature	Date			
Reports shall be submitted to the Commissioner	of Education in such manner and form as may be required.			
Authorized Signature	Date			
The program is open to families for observations	s and visits whenever the program is in operation.			
Authorized Signature	Date			

Governance Structure

ls your school?	☐ Community Based For-Profit	☐ Communit	y Based Non-Profit	APPROVED COMPREHENSIVI EARLY CHILDHOOD EDUCATION PROGRAM
	☐ Head Start ☐ Public Scho	ool 🛭 Priva	ate School	MINTOFEDIC
	the governance structure of your	program.		
Administration Changes and up	ve Staff dates to this list MUST be shared	d with RIDE th	roughout the year.	
Owner/Authoriz	<u>zed Individual</u>			
Name		Phone		Hours on Site
<u>Director/Desigr</u>	nated Program Administrator			
Name		Phone		Hours on Site
Early Childhood	d Education Coordinator (Pleas	se complete a	credential packet and attach	it to the application.)
Name	1	Phone		Hours on Site
Nurse/Physicia	n Is this person? a consulta	ant 🗖	a staff member 🗖	
Name	İ	Phone		Hours on Site

Program Map

In the space provided below, please create a map of your program's indoor floor plan. Your map must include:



- children's bathrooms (label each one by **LETTER**)
- location of diapering facilities, as appropriate
- location of adult bathrooms

- designated adult space(s)
- main entry
- additional entries and exits
- access to the playground



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Playground Map and Schedule

In the space provided below, please create a map of the playground area used by your preschool and kindergarten classes. If there is more than one playground, complete a map and schedule for each playground. Your map must include:

- the dimensions of the playground*
- location of the school in relationship to the playground
- all entrance(s) and fencing

- playground structures
- · access to drinking water
- access to shade



Playground Map	

Playground Schedule

Please attach a copy of your playground schedule to this map. Be sure to note which classes are using the playground, by number (name optional), and at what time.

* Remember: The per child allowance is calculated as follows: 75 feet times one half of the program's capacity.

Classroom Plan	(Submit one for	r each group	of childre	en that uses this	classroon	n.)		weeks a
Classroom #	_ Nan	ne (optional)						APPROVED COMPREHENSIVE EARLY CHILDHOOD EDUCATION PROGRAM
The walls in this clas	sroom are 🚨 fl	oor to ceiling	, [☐ stable partitio	ns of at lea	st 4 feet in h	eight	TOFEDIO
Ages of Children	☐ 3's	□ 4's	Ţ	⊒ 5's	☐ Kinderg	arten		
Classroom Use	□ AM	RIDE St	arting Tir	me	. Er	nding Time _		
	□ PM	RIDE St	arting Tir	me	Er	nding Time _		
	☐ Full Day	Day RIDE Sta		arting Time		nding Time _		
Enrollment Days	■ Monday	☐ Tueso	day	☐ Wednesday	, <u> </u>	Thursday	☐ Friday	
DCYF Licensed Cap	acity	Request	ed RIDE	Approval Capa	city			
Which bathrooms se	rve this classroo	om? Please ι	use the le	etter for each ba	throom fro	m your Prog	ram Map	
Teaching Staff (Please complete a c	credential packe	t for each tea	acher and	d teacher assist	ant and att	ach each to	the applicati	on.)
Name		Title		Hours Indicate planning	g time T	Qualification eachers A, B or eacher Asst. A o	C 1 1 Aid	d CPR
							□ yes	s □ yes
							exp	exp
							□ yes	s □ yes
							exp	exp
							□ yes	s □ yes
							exp	exp
Other Staff (Include all volunteer	s, foster grandm	nothers, subs	stitutes, v	vho currently wo	ork in this o	alassroom on	a regular b	asis.)
Name			Title			Hours		

Classroom Schedule and Calendar

Please attach a daily activity schedule for each group that uses this classroom (AM, PM, and/or Full Day), and a school year calendar.

Remember: A classroom is a group of children in a room with floor to ceiling walls. If floor to ceiling walls are not possible, then stable partitions of at least 4 feet in height shall divide the classroom and completely separate groups of children, as defined in Standard 3.